REGION III AGING SERVICES

Donna Olson, Regional Aging Services Program Administrator

Serving: Benson, Cavalier, Eddy, Ramsey, Rolette, & Towner Counties

Summer 2004

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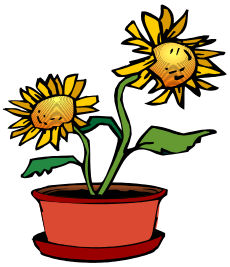
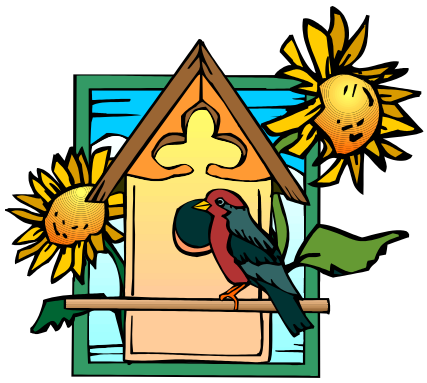


AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, coworker, at your Senior Center, post on a bulletin board, etc… If you wish not to be on the mailing list for the newsletter, please contact **Donna Olson** at **665-2200**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Lake Region Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Lake Region Human Service Center** is an equal opportunity employer.



MISSION STATEMENT:

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

north dakota department of human services

Mark Your Calendar!

Northern Plains Conference on Aging & Disability Presents:

"Aging Well, Living Well"

October 5-7, 2004

Holiday Inn

1-29 & 13th Avenue S

Fargo, ND

There will be Key Note Speakers, Educational Sessions, Tours, Exhibits, Door Prizes, Great Food and More!

Join Us In October! Conference Brochures will be available In August!

For More Information Contact Sandy at 701-298-4420 or 1-888-342-4900

Working in Partnership with:

ND AARP
Minnesota State University Moorhead
North Dakota Long Term Care Association
Bethany Homes
Concordia College
North Dakota State University

Home Food Safety Tips

Is It "The Flu" Or Something You Ate?

Food poisoning sickens millions of consumers per year according to latest government statistics. Sometimes it's not always easy to tell the difference between foodborne illness and influenza, especially since both show similar symptoms.

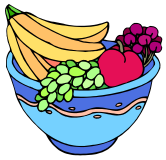
Influenza, commonly called "the flu", is caused by a virus that infects the respiratory tract. Foodborne disease, referred to as food poisoning, is carried or transmitted to humans by food containing harmful substances.

Symptom	"The Flu"	Food Poisoning
Body Aches and pains	Common: headache and muscle aches	Common: headache, backache and stomach cramps
Fatigue	Common (often extreme)	Common (often extreme)
Fever	Common	Common
Gastrointestinal	Rarely prominent*	Common (often severe)
Gastrointestinal:Nausea	Rarely prominent*	Common
Gastrintestinal: Diarrhea	Rarely prominent*	Common
Respiratory: Chest congestion, sore throat, runny or stuffy nose	Common (often extreme)	Rare
Prevent or Lessen Risk	**Annual Vaccination**	**Proper Food Handling**

***Although nausea, vomiting and diarrhea can sometimes accompany influenza infection, especially in children, gastrointestinal symptoms are rarely prominent.**

Sources: Centers for Disease Control and Prevention
U.S. Department of Health & Human Services

IF YOU THINK YOU ARE ILL, ESPECIALLY IF YOU HAVE A FEVER, SEE YOUR HEALTH CARE PROVIDER



ND Family Caregiver Support Program

Respite: Enjoy a Guilt-free Time-out
By Kate Murphy, RN

Why is it that the words "respite" and "guilt" seems to go hand in hand? Why do we as caregivers feel we are somehow failing our loved one by admitting that we need help, need time to recharge our batteries, or just need time to play a bit? Perhaps because so many of us still hold on to the myth that says the caregiver has to be all things to all people. The truth is, that no matter how we try, we are not super-duper caregiver extraordinaire. We are human with all the same needs and feelings as every other person in our lives. And, just like everyone else we need to take time to smell the roses.

The thought of going away for even a brief time for many caregivers is fraught with fears of disaster and chaos because we are not there to over see everything. After all, we all know that no one can replace what we do as caregivers to our family member or loved one. And this belief was not so far from the truth. In fact, I still firmly believe that no one can replace the caregiver. The love and support we provide to our charge cannot be duplicated by anyone. Still, sometimes, it is OK to let someone else do the best they can for our family member, so that we can take time to regroup and in doing do, be able to continue to be the wonderful caregiver that we have been to date. It is a simple concept when you think about it. In using the principals of respite we will ultimately be providing the very best care to our loved one that is humanly possible.

As a caregiver it is important that we recognize that it is ok to take a break from our caregiving duties. It is ok to feel tired, and want to have a break from caregiving! Not only is it OK, it is your right! You are allowed to stay healthy both physically and emotionally. Actually, by not doing this you are helping to create a potential problem down the road. No one can keep going day after day without a break, sooner or later it is going to catch up with you, and not only will you suffer, but also your loved one will as well.

It is equally important to know that not taking that break can and often results in medical complications to the caregiver. If a medical emergency developed for the caregiver, who then will help provide the care to their loved one? Ask any caregiver who has been at it for any length of time, and you will learn that their own health has suffered when they failed to take proper care of themselves. Respite care is one way in which the caregiver can get this needed break, and hopefully do it without that old GUILT feeling creeping in. By taking care of you, and recharging your own batteries, you are ultimately taking care of your loved one. There is no need to allow guilt into the picture. All this will do is prevent you from reaping the full rewards of a true respite.

Respite care can be anything from a few hours a week, to longer periods of up to two weeks or longer in some cases in order to provide care to a loved one while the caregiver takes a break. Respite Care provides caregivers the opportunity to:

- Take a vacation.
- Have a weekend getaway.
- Attend to home or work responsibilities that have been building up.
- Recharge their energy to be better prepared to provide the attention and patience required on a daily basis.

Think about these principals to ensure your guilt-free respite:

- I am entitled to take care of myself.
- I am worthy of a break.
- I am showing my commitment to my caregiver role when I take steps like respite care to ensure that continued quality care is delivered to my loved one.
- It is OK to relax and enjoy other aspects of my life.
- It is OK to take a break and recharge my energies.
- It is OK to maintain as much normalcy in my life as possible.
- It is OK to continue to dream.
- If roles were reversed, there is no question I would want my loved one to have respite.
- It is right and responsible of me to also have respite.

Respite Solutions

Some short-term respite solutions include enlisting another family member, neighbor, or friend to stay with your loved one for a few hours several times a week. This offers an opportunity to the caregiver to have a "mini respite". Activities can include: going shopping, to a movie, getting your hair done or having a pampering facial. For many who are not comfortable leaving their family member for longer than a few hours, this is an excellent way to recharge the batteries, and at the same time, do something SPECIAL for you. Often it is just doing a little something extra like this that can make all the difference to a caregiver who is feeling the strain in all that they have to do each day.

Another option, one that I highly recommend to all caregivers is the scheduled respite in which your loved one is entrusted to the care of a respite service center, or perhaps another family member will take on the role while you have a much needed rest. Respite centers offer temporary residents a variety of services that meet all of their needs. From around-the-clock medical care to recreational activities, vacationing family members will be put at ease knowing that their relative is well taken care of during their absence.

You can begin to locate respite centers, or respite services in your area by contacting your local bureau on aging. They can direct you to any services available. They can also provide information on what Medicare and Medicaid will cover. Another resource might be your religious community. Your local social service agency, the local chapters of Alzheimer's Association, Easter Seals, or mental health agency are all resources that can help you find the respite care for you.

So go ahead make a decision today to plan for the respite you so richly deserve and need! You will be glad you did. And, if you have not had a respite before, you are going to wonder what took you so long!

(For more information on caregiver respite or other services, please contact your local ND Family Caregiver Support Program Coordinator listed in this newsletter.)

DEPRESSION
It's not part of aging!

It's normal to feel unhappy after receiving some of life's hard knocks. But when the bad feelings don't go away, get help.

It's important to recognize depression and begin treatment right away. The more severe a bout of depression is and the longer it goes untreated, the more likely depression is to return. So, take it seriously, get it treated, and you'll be able to enjoy life again.

Mistaken beliefs

Following are some of the misunderstandings about depression and aging that keep many older people from seeking treatment.

- **"All people get depressed as they get older."** Aging, by itself, does not cause depression. Many older people feel content and happy most of the time. Feeling depressed is not normal.
- **"I'm healthy and have enough money to feel secure. There's no reason for me to be unhappy. I guess I'm just ungrateful."** People with depression can't get rid of it by "thinking right," any more than people who have diabetes can cure themselves by thinking positively. Depression is a medical illness that needs treatment.
- **"My friends are dying. Of course I'm depressed."** It's natural to mourn the loss of friends and, especially, a partner. But even deep sadness becomes less profound within a year or so for mentally healthy people of all ages. They find new activities to enjoy and new sources of emotional support.
- **"I have health problems now, and I can't do many of the things I used to do."** People of all ages who have an illness or disability but who are mentally healthy learn to adapt to their limitations. Sometimes, though, an illness changes body chemistry. A stroke, for example, often causes changes in brain chemicals that lead to a lasting depression. Medication taken for another illness, such as drugs that lower blood pressure, can also cause depression. Your doctor can tell you if a medication may be making you depressed.

Depression can make you ill

Depression can make you more susceptible to other illnesses. It can harm your health and sense of well-being by making it harder for you to take part in activities and to function as well as you should. Often, people who are depressed withdraw from others, which makes the depression worse.
Studies have shown that treating depression in a patient who also has, for example, Alzheimer's disease improves both the depression and the Alzheimer's. And when patients in nursing homes are treated for depression, they function better, have less pain, and have a brighter outlook.

What to look for

The symptoms of depression vary for people of different ages and often differ from person to person. If you have any of the symptoms listed below and they last for more than 2 weeks, see your doctor. If you're mourning the loss of a partner, though, it may be normal to feel sad longer. Your doctor can tell you if you're reacting normally.

Symptoms of depression include:

- irritability, anxiety, or both
- feelings of guilt
- having less interest in usual activities
- avoiding people
- feeling bad about yourself—for example, thinking you don't do things well or that you're not a good person
- having trouble concentrating and making decisions
- feeling helpless or hopeless
- thinking about dying or killing yourself
- having trouble sleeping or sleeping more than usual
- seeing the world as being colorless and pointless
- losing your appetite or eating much more than usual
- having no energy and, therefore, having to do things more slowly.

Getting help

Some experts recommend that you see a doctor every week or two when you start treatment. This way, the doctor can help you learn how to deal with depression and can check your progress.
If a drug is prescribed, the dose may be increased or decreased, or other drugs may be tried, until the most beneficial treatment with the fewest side effects is found.
Some people may also benefit from supervised group exercise, with or without an antidepressant drug. An advantage of exercise only is that there are no drug side effects or interactions with other drugs you're taking.
A recent study compared three groups of people. Those who felt well enough to come to group exercise sessions 3 times a week for 4 months were no longer depressed or were less depressed than they were before exercising. Those who took an antidepressant drug alone improved the fastest. Those with the mildest symptoms improved the most quickly with a combination of medication and exercise.

Source: Senior Life Health Monitor

Fun Facts - 4th of July

Did You Know?
Only two people signed the Declaration of Independence on July 4th, John Hancock and Charles Thomson. Most of the rest signed on August 2, but the last signature wasn't added until 5 years later.

Have you ever wondered what happened to the 56 men who signed the Declaration of Independence?

Five signers were captured by the British as traitors, and tortured before they died. Twelve had their homes ransacked and burned. Two lost their sons serving in the Revolutionary Army, another had two sons captured. Nine of the 56 fought and died from wounds or hardships of the Revolutionary War. They signed, and they pledged their lives, their fortunes, and their sacred honor. What kind of men were they?

Twenty-four were lawyers and jurists. Eleven were merchants; nine were farmers and large plantation owners, men of means, well-educated. But they signed the Declaration of Independence knowing full well that the penalty would be death if they were captured.

Carter Braxton of Virginia, a wealthy planter and trader, saw his ships swept from the seas by the British Navy. He sold his home and properties to pay his debts, and died in rags. Thomas McKeam was so hounded by the British that he was forced to move his family almost constantly. He served in the Congress without pay, and his family was kept in hiding. His possessions were taken from him, and poverty was his reward. Vandals or soldiers looted the properties of Dillery, Hall, Clymer, Walton, Gwinnett, Heyward, Ruttledge, and Middleton.

At the battle of Yorktown, Thomas Nelson, Jr., noted that the British General Cornwallis had taken over the Nelson home for his headquarters. He quietly urged General George Washington to open fire. The home was destroyed, and Nelson died bankrupt. Francis Lewis had his home and properties destroyed. The enemy jailed his wife, and she died within a few months.

John Hart was driven from his wife's bedside as she was dying. Their 13 children fled for their lives. His fields and his gristmill were laid to waste. For more than a year he lived in forests and caves, returning home to find his wife dead and his children vanished. A few weeks later he died from exhaustion and a broken heart. Norris and Livingston suffered similar fates.

Such were the stories and sacrifices of the American Revolution. These were not wild-eyed, rabble-rousing ruffians. They were soft-spoken men of means and education. They had security, but they valued liberty more. Standing tall, straight, and unwavering, they pledged: "For the support of this declaration, with firm reliance on the protection of the divine providence, we mutually pledge to each other, our lives, our fortunes, and our sacred honor."

They gave you and me a free and independent America. The history books never told us a lot of what happened in the Revolutionary War. Our forefathers didn't just fight the British. They were British subjects at that time, and they fought their own government! Some of us take these liberties so much for granted...and we shouldn't.

So, let's take a few moments while enjoying our 4th of July holiday and silently appreciate these patriots and thank the God who moved them. It's not much to ask for the price they paid.

Source: www.ButlerWebs.com

Region III Council on Aging
Rolla Community Center
August 3, 2004

Agenda

10:00 A.M. Registration – Coffee and Refreshments

10:30 Call to Order/Welcome –Leonard Klein, President

10:40 Program – Arrow-Tech Inc/ND Trade Mission

12:00 Lunch – Menu for the Day
- Ham
- Potato Casserole
- Pea Salad
- Fresh Fruit

1:00 Business Meeting:

Old Business:

A. Minutes of the last meeting – Doris Myklebust, Secretary

Treasurer's Report – Doris Myklebust, Treasurer

B. Reports/Communications/Announcements

1. County Councils/Senior Club Report
2. Title III Project Directors
3. Donna Olson, RASPA
4. Other

New Business:

A. Next Meeting/Date/Location

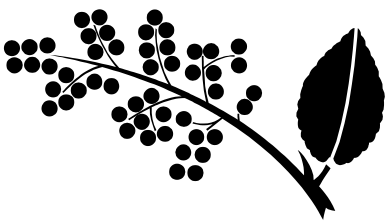
B. Other

2:15 Tour of Park View Assisted Living

Wrap Up – Coffee and Refreshments

For meal reservations please call Nutrition Untied at 477-6421 by July 30th. There will be a $5.00 registration fee to cover costs.

Due to allergies, I have been asked to request that persons attending this meeting do not use after shave, perfume, or lotion. Thank you. Donna Olson, RASPA.



Senior Meals and Services, Inc. Celebrates 30th Anniversary Eleanor Wilcox Senior Center, Devils Lake

Senior Meals and Services, Inc., celebrated its 30th Anniversary July 12-16, 2004, at the Eleanor Wilcox Senior Center in Devils Lake, The activities began on Monday with coffee and caramel rolls served at an Open House with the Center Band entertaining. Tuesday, July 13th, Larry Hatten entertained at 11:30 followed by the Annual Grandchildren's Day which included Sherry Kurtz, Chris Alfonso, and the Dazzlers Dance Group entertaining; a Pie Walk; and Root Beer Floats. Wednesday Memorial Child Care entertained at 11:45 and at 1:00 the 30th Anniversary Program was held. After a welcome by Pastor Harold Ovre, Executive Board President, the "Silver Sensations" chorus entertained followed by remarks by Marilyn Pederson, Center Management Board President; Randy Kraft, REM; Donna Olson, Regional Aging Services Program Administrator; and Linda Wright, Aging Services Division Director. All staff from the past 30 years were recognized by Lamae Bergan, Director of Services. Anniversary cake was served and Donna Olson poured coffee. Thursday, July 15, Pete Hager entertained at 11:30 and the Senior Meals and Services, Inc., Annual Meeting was held at 1:00. Friday, July 16, Ernest and Keith Idland entertained at 11;30 and at 2:00 an open house was held honoring all those who have volunteered in the past 30 years.

Respectfully submitted,
Jean Aardahl, Center & Activity Director

OUTREACH

As we target services to elderly persons who are frail, low income, minority, and at risk, outreach becomes key to the delivery of service.

Outreach workers seek out and assess the needs of homebound elderly, inform older persons of the available services in the community, and assist them in receiving needed services. Subsequent outreach visits update the assessment process and provide for a check on the well-being of the individual. Because the likelihood of health and functional problems, being poor and having service needs increase steadily after age 75 and become very high after age 85, it is important that outreach target these age groups. Outreach is in a unique position to assess first-hand the probable assistance needed by the older persons being visited. Can this person prepare a meal? Does he/she need assistance to shop for groceries and other necessities? Can this person bathe himself/herself? Does this person have transportation needs? What does this person need?

Social isolation can both conceal and cause many problems. The socially isolated may have the greatest needs and yet be the least likely to receive needed services. Outreach is the crucial link in bringing services and the people who need them together. Collective outreach data gives the project important information on the service needs and service gaps in a particular area. Review of outreach contacts made over a period of time give the project information on its effectiveness in both reaching and providing services to targeted populations. Are we reaching the most frail? How are we doing in serving minority persons?

A strong outreach program "reaches out" into a community and helps to assure that services reach those who most need them. Without this valuable service it is almost impossible for a project to reach this goal.

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I - Karen Quick
1-800-231-7724
Region II - MariDon Sorum
1-888-470-6968
Region III - Donna Olson
1-888-607-8610
Region IV - Patricia Soli
1-888-256-6742
Region V - Sandy Arends
1-888-342-4900
Region VI - Russ Sunderland
1-800-260-1310
Region VII - Cherry Schmidt
1-888-328-2662
Region VIII - Mark Jesser
1-888-227-7525

Vulnerable Adult Protective Services

Region I & II – Niels Anderson, Vulnerable Adult Protective Services, Long Term Care Ombudsman - 1-888-470-6968

Region III – Ava Boknecht, Vulnerable Adult Protective Services, 1-888-607-8610

Region IV - Adult Protective Services - Vulnerable Adult Phone Message Line 701-795-3176

Region V - Vulnerable Adult Protective Services, Sandy Arends - 1-888-342-4900. Direct referral may be made to Cass County Adult Protective Services unit - 701-241-5747.

Region VI - Russ Sunderland, Vulnerable Adult Protective Services - 701-253-6344

Region VII - Cherry Schmidt, Vulnerable Adult Protective Services - 1-888-328-2662

Region VIII - Mark Jesser, Vulnerable Adult Protective Services & Long Term Care Ombudsman - 1-888-227-7525

ND Family Caregiver Coordinators

Region I - Karen Quick - 800-231-7724
Region II – Lester Hill - 888-470-6968
Region III - Kim Locker-Helten - 888-607-8610
Region IV - Raeann Johnson - 888-256-6742
Region V - Lesli Ossenfort - 888-342-4900
Region VI-CarrieThompson-Widmer -800-260-1310
Region VII - Judy Tschider - 888-328-2662
Region VIII - Jan Jackson - 888-227-7525

Other

Aging Services Division Office and Senior Info Line: **1-800-451-8693**

AARP: **1-888-OUR-AARP (1-888-687-2277)**

AARP Pharmacy: **1-800-456-2277**

ND Mental Health Association: **701-255-3692**

ND Mental Health Association Help-Line: **1-800-472-2911**

IPAT (Interagency Program for Assistive Technology): **1-800-265-4728**

Legal Services of North Dakota:
1-800-634-5263 or
1-866-621-9886 (for persons aged 60+)

Attorney General's Office of Consumer Protection: **(701) 328-3404** or **1-800-472-2600**

Social Security Administration: **1-800-772-1213**

Medicare: **1-800-247-2267/1-800-MEDICARE**

Toll-Free 800 Information: (Directory Assistance for 800 number listings): **1-800-555-1212**

Senior Health Insurance Counseling (SHIC) ND Insurance Department : **(701) 328-2440**

Prescription Connection: **1-888-575-6611**

NEWS RELEASE
North Dakota Department of Human Services
600 East Boulevard Avenue, Bismarck, N.D. 58505-0250

FOR IMMEDIATE RELEASE
July 9, 2004

Contact: Linda Wright (701) 328-4607, or Heather Steffl (701) 328-4933

N.D. RECEIVES GRANT TO ENHANCE ALZHEIMER'S SUPPORT SERVICES

Bismarck, N.D. - The federal government has awarded the North Dakota Department of Human Services' Aging Services Division a three-year $261,150 grant to strengthen services for people with Alzheimer's Disease and related dementia.

North Dakota is among 24 states selected to share in the $6.78 million grant award announced today by federal Health and Human Services Secretary Tommy Thompson.

"This important federal funding will help North Dakota build collaboration between the medical community and other community service providers in order to promote early diagnosis, and to address the treatment and ongoing care needs of people with dementia," said Department Executive Director Carol K. Olson.

Olson said that no state funds would be used to meet the grant's $87,000 matching requirement.

The department must seek permission from the Emergency Commission to accept the funds because they were not included in the department's legislative appropriation. The commission, which consists of Governor Hoeven, the secretary of state, the chairman of the Legislative Council, the chairman of the Senate Appropriations Committee, and the chairman of the House Appropriations Committee, will probably meet again in September.

In North Dakota, about 6,000 people suffer from Alzheimer's Disease and related disorders, which affect memory and other cognitive abilities and render affected individuals dependent upon others for their well-being.

"Alzheimer's is a devastating and costly disease," said Aging Services Division Director Linda Wright. "People with Alzheimer's are often admitted to nursing homes at younger ages and are admitted for much longer periods of time. This has a significant impact on families and on private and public health coverage programs."

Wright said the proposal addresses service gaps, especially in rural areas.

In 2003, half of the 239 family caregivers who received respite, training, or support through the North Dakota Family Caregiver Support Program, were caring for people with Alzheimer's or related dementia.

Developed with public input and the assistance of the Minnesota State Board on Aging, the grant proposal's goals include: increasing identification and service to people with dementia and their caregivers, reducing caregiver stress, and lengthening community living.

The federal Alzheimer's Disease Demonstration Grants to States are part of President Bush's New Freedom Initiative and are intended to help strengthen access to home and community-based services for people with disabilities, to promote consumer choice, and to support family caregivers.

AoA NEWS

U.S. Administration on Aging
Department of Health and Human Services

For Immediate Release
July 8, 2004

Contact: AoA Press Office
(202) 401-4541

HHS Awards $6.78 Million to Expand Alzheimer's Disease Demonstration Programs

HHS Secretary Tommy G. Thompson today announced $6.78 million to develop innovative approaches to provide care for people with Alzheimer's disease and support for their family caregivers.

The Alzheimer's Disease Demonstration Grants to States (ADDGS) Program works to improve the responsiveness of home and community based services to persons with dementia and their caregivers. The ADDGS Program supports the goals of President Bush's New Freedom Initiative, a government-wide framework for helping provide people with disabilities the tools they need to fully access and participate in their communities.

The awards will support one-year capacity building demonstration programs in two new states: South Dakota and Wyoming. The awards will further support three-year systems change demonstration programs in 22 states: Alabama, Arizona, Arkansas, California, Delaware, the District of Columbia, Florida, Indiana, Iowa, Louisiana, Maine, Minnesota, Missouri, Nevada, North Carolina, North Dakota, Rhode Island, Tennessee, Vermont, Virginia, and Wisconsin.

The program is administered by the Administration on Aging (A0A), within the U.S. Department of Health and Human Services. It focuses on serving hard-to-reach and underserved people with Alzheimer's disease or related disorders.

With this fiscal year's grant awards, the AoA significantly strengthened the ADDGS Program by incorporating the following new design elements:

1. A greater focus on using the ADDGS Program as a vehicle for advancing changes to a state's overall system of home and community based care, including requirements that 3-year project activities be linked to other state system change efforts, including state programs to streamline consumer access to services and family caregiver support programs.

2. A requirement that all applicants, in the formulation of their project proposals, review and use findings from research on service models and techniques for supporting persons with Alzheimer's Disease and their family caregivers, including findings from research supported by the National Institute on Aging.

New ADDGS grants were awarded to:

Alabama Department of Senior Services - $311,150
Arizona Department of Economic Security, Division of Aging and Community Services, Aging and Adult Administration - $276,059
Arkansas Department of Human Services, Aging and Adult Services - $281,150
State of California Department of Aging, Director's Office - $311,150
Delaware Department of Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities - $161,150
District of Columbia Office on Aging - $263,768
Florida Department of Elder Affairs - $311,150
Indiana Bureau of Aging and In-Home Services - $311,150
Iowa Department of Elder Affairs - $311,150
Louisiana Governor's Office of Elderly Affairs - $311,150
Maine Dept of Human Services, Bureau of Elder and Adult Services - $297,121
Minnesota Board on Aging - $311,150
Missouri Department of Health and Senior Services, Division of Senior Services and Regulation - $230,523
Nevada Department of Human Resources, Division of Aging Services - $311,150
New Mexico Aging and Long-Term Services Department - $311,150
North Carolina Department of Health and Human Services, Division of Aging and Adult Services - $311,150
North Dakota Department of Human Services, Aging Services Division - $261,150
Rhode Island Department of Elderly Affairs - $294,050
South Dakota Department of Social Services, Office of Adult Services and Aging, (one-year project) - $225,000
Tennessee Commission on Aging and Disability - $311,150
Vermont Department of Aging and Independent Living, Division of Advocacy and Independence - $311,150
Virginia Department for the Aging - $311,150
Wyoming Department of Health, Aging Division, (one-year project) - $150,000

Additional information about the new ADDGS grants, continuing grants, and other information about Alzheimer's disease and tips for families affected by it are available at **http://www.aoa.gov/alz**.

The U.S. Department of Health and Human Services, Administration on Aging, works with a nationwide network of organizations and service providers to make support services and resources available to older persons and their caregivers. For more information, please visit http://www.aoa.gov.

Which wolf wins

An old Cherokee is telling her granddaughter about a fight that is going on inside herself. She said it is between two wolves.

One is evil: Anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.

The other is good: Joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith.

The granddaughter thought about it for a minute and then asked her Grandmother, "Which wolf wins?" The old Cherokee simply replied, "The one I feed."